

**Quality and Cost Council
Advisory Committee**

Meeting Minutes

Wednesday, September 24, 2008

3:00-4:30 PM

1 Ashburton Place, 21st Floor

Advisory Committee Members Present: Valerie Bassett (BCBS Foundation), JD Chesloff (MA Business Roundtable), Jack Evjy (MA Medical Society), Lou Malzone (MA Coalition of Taft Hartley Trust Funds), Mike McManus (Children's Hospital), Gregg Meyer (MA General Hospital), Karen Nelson (MA Hospital Association), Deb Wachenheim (Health Care For All)

Representatives for Advisory Committee Members: Jessica Costantino (AARP), Sarah Gordon (MA Association of Health Plans), Helen Luce (BCBS),

Quality and Cost Council Members: Beth Capstick, Jim Conway

Quality and Cost Council Staff: Katharine London

I. Introductions

- Everyone introduced themselves by name, organization and if member of the advisory committee.

II. Approval of minutes

- Minutes of the July 22 meeting were approved.

III. Chapter 305 Overview/By-laws/Elections

- Katharine London went through some slides (presented at the previous week's QCC meeting) about the changes to the QCC that came out of Chapter 305 (the new cost containment bill) (view the slides at: http://www.hcfama.org/_data/n_0001/resources/live/c%20305%20summary.ppt)
- Main changes for the Advisory Committee (AC) are that we need to have elected officers and we can create by-laws.
- The group discussed some of the resource needs and funding for the QCC (especially in light of budget cuts).
- The group also reiterated what had been stated at previous meetings...that a member of the Advisory Committee should speak during each QCC meeting. The person does not necessarily need to present a consensus (since that will not always be reached) on every issue discussed but can present a range of views that came out of AC discussions.
- JD Chesloff asked if there is a broader sense of urgency among the larger AC membership since the usual dozen or so members show up at the

meetings. Helen Luce and Jack Evjy responded that more people may come if the AC starts becoming more active.

- Katharine said that some AC members go to committee meetings of particular interest but may not attend the large group meetings. Katharine also pointed out, based on some discussion about voting, that AC members cannot vote over e-mail under open meeting law.
- Jessica Costantino said that if we plan meaningful agendas then more people may attend meetings.
- JD also brought up the issue of needing a quorum to vote.
- Karen Nelson said that by-laws can describe the process for involvement and how to participate if not in attendance. She suggested that a sub-group draft by-laws.
- Lou Malzone asked what are the expectations of the QCC as to the role of the AC-for guidance into future thinking or to assist in carrying out its work and selling its plans/goals? Katharine replied that both roles are expected of the AC.
- Jim Conway said that he is at this meeting to send a message that the AC is important to the QCC. The AC brings the reality of day-to-day practice and a degree of depth.
- Lou said that the AC wants the QCC to post questions to us.
- Jim replied that yes they will do that but they need to figure out how.
- Deb Wachenheim said that during QCC meetings they should get in the habit of pointing out what they want the AC to discuss.
- Jack said that the QCC usually doesn't vote when an issue first comes up, so that could be something for the AC to discuss at the following week's meeting in order to advise the QCC ahead of a vote.
- Jack asked for volunteers to help draft by-laws. Helen Luce and Sarah Gordon volunteered to head up the effort with input from others who want to assist.
- Gregg suggested looking at the by-laws of the advisory committee AHRQ.
- The by-laws of the QCC can also be an example.

- The by-laws will lay out the process for elections and the duties of the offices. This will then allow AC members to decide if they want to be a candidate for any of the positions.
- The draft by-laws will be reviewed and voted on at the next AC meeting. We will then determine the timeline for elections.

IV. Updates on work of QCC

- Katharine updated the AC on the website. She said the cost data, which hospitals were reviewing, had no major problems.
- For quality measures, they started with a basic list of hospital measures that already exist.
- They are looking at what they will report over the next few years.
- Discussing budget cuts, Katharine said that if the QCC does not get more money then they can't expand the list of measures and practice sites (eg. physicians' practices) and will just do an update in the spring with the goal of expanding in the future.
- Chapter 305 directs the QCC to put data on infections on the website.
- Chapter 305 also requires the QCC to hold a public hearing ahead of the launch of the website and that will be scheduled.
- The website data will include information about statistical significance. Katharine talked about the difficulty of getting the information to a 7th grad reading level.
- Gregg suggested that she look at the website talkingquality.gov as a resource.
- Lou said that the AC can be a disseminating group in terms of informing the public that the information is available.
- Katharine said that at its last meeting the QCC increased its FY 2010 budget request by \$150,000 for a market power study. They are also looking in 2010 to implement the roadmap to cost containment and expand the website.
- Katharine also said that they are looking for nominations for a data release board and they want at least one member of the QCC and at least one member of the AC. Jim Conway, at the last QCC meeting, had made a motion to include a consumer advocate on the board.

- Valerie Bassett asked for an update on the collection of race and ethnicity data.
- Katharine said that the Brookings Institution approached the QCC and will do an assessment of what is collected now and will develop best practices and guidelines.
- Jack asked about progress on an all payer claims database. Katharine replied that they will get data from self-insured plans and Medicaid. She said that Medicare is a long-term project.
- Jim gave an update on the work of the end-of-life committee, including a mention of a Dartmouth study that found that MA practices are closer to the lower end in terms of performance. If the nation practiced end of life care like MA then it would cost \$7 billion. If MA practiced like Minnesota it would save \$4 million.
- Katharine also mentioned that the communications committee wants to do better on getting the word out about the QCC and its work. This is why it started issuing monthly bulletins (patient safety was the first one issued).

V. Meeting adjourned

- Next meeting of the AC will be Wednesday, October 22